

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043833

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 56

STATE FILE NUMBER

**FILED DEC 6 1962**

1. PLACE OF DEATH a. COUNTY <u>ST. CLAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Appleton City</u>		c. CITY OR TOWN <u>Osceola</u>	
Length of stay in lb <u>1 day</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELLETT M. HOSP</u>		d. STREET ADDRESS (If outside, give location) <u>11 mi west</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Hugh Henry Howe</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>27</u> Year <u>62</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 24 1880</u>	9. AGE (last birthday) <u>76</u>	10. IF UNDER 1 YEAR Months <u>6</u> Days <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11a. BIRTHPLACE (City and state or country) <u>ORID Neb.</u>			11b. CITIZEN OF WHAT COUNTRY <u>USA</u>		
12a. FATHER'S NAME <u>Henry Scott Howe</u>			12b. MOTHER'S MAIDEN NAME <u>Molley George</u>		
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			14. NAME OF HUSBAND OR WIFE <u>Grace Howe</u>		
15. SOCIAL SECURITY NO.			16. INFORMANT <u>Grace Howe</u>		
17. ADDRESS <u>Osceola Mo.</u>					

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarct, acute</u> Interval between onset and death <u>1 day</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____

21. I attended the deceased from <u>26 Nov 62</u> to <u>27 Nov 62</u> and last saw her alive on <u>27 Nov 62</u> Death occurred at <u>7:07</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>W. H. Ellett M.D.</u> (Degree or title)	22b. ADDRESS <u>Appleton City</u>
22c. DATE SIGNED <u>28 Nov 62</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 30 - 62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial</u>	23d. LOCATION (City, town, or county) <u>Joplin Mo.</u>
24. FUNERAL DIRECTOR <u>Oscar Eckhoff</u>	ADDRESS <u>Appleton City Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 29 - 1962</u>	26. REGISTRAR'S SIGNATURE <u>Chas. Atney</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

W. H. ELLETT, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10930

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Oscar Eckhoff

Licensed Embalmer No. 3942

P. O. Address Appleton City, Wis.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.